



CONTRACT AMENDMENT

1. AMENDMENT #: 3	2. CONTRACT #: YH17-0001-02	3. EFFECTIVE DATE OF AMENDMENT: October 1, 2016	4. PROGRAM DHCM – RBHA GREATER ARIZONA
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CONTRACTOR NAME AND ADDRESS: **Health Choice Integrated Care, LLC 1300 South Yale Street Flagstaff, AZ 86001**

5. PURPOSE: **To amend the Contract for the period October 1, 2016 through September 30, 2017**

7. THE FOLLOWING SECTIONS OF ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:

The Contractor shall provide services as described in this contract. In consideration for these services, the Contractor will be paid Contractor-specific rates per member per month for the term October 1, 2016 through September 30, 2017 unless otherwise modified by contract amendment.

HEALTH CHOICE INTEGRATED CARE (HCIC)

Capitation Rates: 10/01/2016 to 09/30/2017

Title XIX eligible children, under the age of 18 (represents the cost of providing covered behavioral health services to children), not enrolled in CMDP:	\$62.59 41.43
Title XIX eligible children, under the age of 18 (represents the cost of providing covered behavioral health services to children), enrolled in CMDP:	\$1,292.51 1,264.98
Title XIX eligible adults, age 18 and older (represents the cost of providing covered behavioral health services to adult members without serious mental illness):	\$57.84 39.56
Title XIX eligible adults, age 18 and older (represents the cost of providing covered behavioral health services to adult members with serious mental illness, who are not receiving physical health services under this contract):	\$2,192.42 611.68
Title XIX eligible adults, age 18 and older (represents the cost of providing covered behavioral health services to adult members with serious mental illness, who are receiving physical health services under this contract):	\$1,773.40 1,708.04
Title XXI eligible children (represents the cost of providing covered behavioral health services to TXXI children):	\$62.59 41.43
Title XXI eligible adults (represents the cost of providing covered behavioral health services to TXXI adults):	\$57.84 39.56
DES DD ALTCS eligible children representing the cost of providing covered behavioral health services to DES DD ALTCS children:	\$622.39 297.97
DES DD ALTCS eligible adults representing the cost of providing covered behavioral health services to DES DD ALTCS adults:	\$202.75 156.18

8. Authority: AHCCCS is duly authorized to execute and administer agreements pursuant to A.R.S. §36-2903 et seq. and §36-2932 et seq. These contracts/amendments are exempt from the Procurement Code pursuant to A.R.S. §41-2501(H) (as effective on July 1, 2016).
EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT NOT HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL EFFECT. IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT

9. SIGNATURE OF AUTHORIZED REPRESENTATIVE:	10. SIGNATURE OF AHCCCS CONTRACTING OFFICER:
TYPED NAME:	TYPED NAME: MEGGAN HARLEY, CPPO, MSW
TITLE:	TITLE: CHIEF PROCUREMENT OFFICER
DATE:	DATE: